

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3					1		53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11			1				61						
12				1			62						
13					1		63						
14							64						
15					1		65						
16			1				66						
17				1			67						
18					1		68						
19			1				69						
20					1		70						
21							71						
22			1				72						
23				1			73						
24					1		74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			7				TOTAL IND.						
TOTAL DEP.			36				TOTAL DEP.						
TOTAL CLAIMS			43				TOTAL CLAIMS						